



**DEPARTMENT OF THE ARMY**  
**OFFICE OF THE DEPUTY CHIEF OF STAFF, G-4**  
**500 ARMY PENTAGON**  
**WASHINGTON, DC 20310-0500**

DALO-SUM

13 MAY 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Procedures for Preparing DA Form 1687, Delegation of Authority–Receipt for Supplies, for Class V Operations at Ammunition Supply Activities (ASA)

1. Reference Memorandum, Office of the Deputy Chief of Staff, G-4 (DALO-SUP), 20 Mar 15, subject: Clarification of Guidance Regarding Dual Signature Requirements on DA Form 1687.
2. This memorandum serves as guidance and procedures for preparing the DA Form 1687, Delegation of Authority–Receipt for Supplies, in support of Class V operations at ASA.
3. In accordance with the reference listed above, all DA Form 1687's must meet the dual signature requirement, handwritten and digital.
4. To minimize the processing time to obtain signatures and loss of a unit's ability to request, receive or turn-in ammunition at the supporting ASA, all organizations will follow the procedures listed in Enclosure A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687.
5. Organizations will provide an electronic approved Army Publishing Directorate (APD) Adobe PDF version (not scanned) of the DA Form 1687 to the supporting ASA. The supporting ASA will file the DA Form 1687 electronically and verify the validity of the digital signatures prior to the issue of ammunition. Validity can be verified by opening the DA Form 1687 and clicking on the digital signature of the individual. Higher headquarters, other organizations or management centers will not alter the DA Form 1687 in any way that removes the ability for the ASA to verify validity.
6. Organizations with contractors without a Common Access Card (CAC), will prepare a separate DA Form 1687 with only hand written signatures. The contractor DA Form 1687 will be transmitted via scanned PDF to the supporting ASA.
7. An organization may have more than one (1) DA Form 1687 and/or non-CAC Contractor DA Form 1687. As such, each DA Form 1687 will identify the number of forms being used (i.e., "Card 1 of 1", "2 of 3", or "in addition to Contractor (dated) dd-mmm-yy"). All previous DA Form 1687s will be superseded by updated DA Form 1687s.

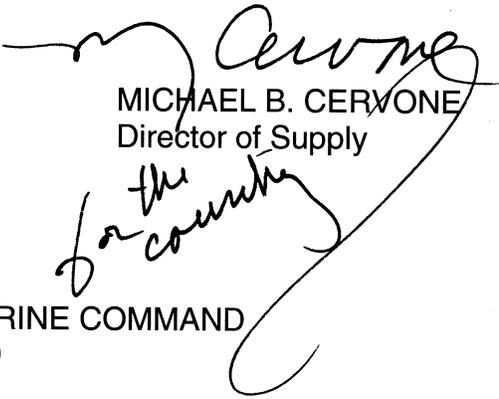
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8. Existing DA Form 1687's remain valid until resubmission with dual signatures or current expiration date, as indicated on the form.
9. All other procedures for preparing the DA Form 1687 for Class V operations remain in effect.
10. The guidance listed within the reference in paragraph 1 remains in effect. The guidance and procedures listed in this memorandum only apply to Class V, ammunition operations.
11. The point of contact is CW5 John Hinnant, Senior Munitions Officer, commercial (703) 614-1151, DSN 224-1151, or e-mail: john.c.hinnant.mil@mail.mil.

FOR THE DEPUTY CHIEF OF STAFF, G-4:

Enclosures:  
As stated

  
MICHAEL B. CERVONE  
Director of Supply

DISTRIBUTION:  
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ENCLOSURE A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687

**HOW TO CREATE A DIGITAL COPY OF HANDWRITTEN (WET INK) SIGNATURE**

**STEP 1: Capture Handwritten (wet ink) Signature**

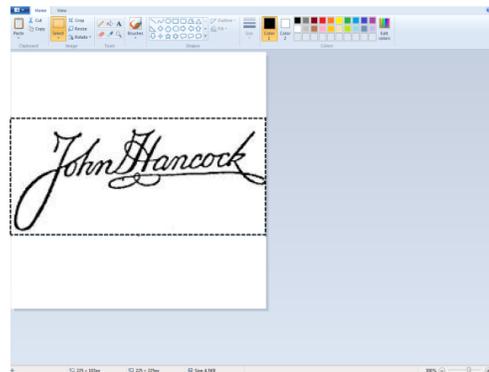
a. Sign blank, white page with current signature and initials



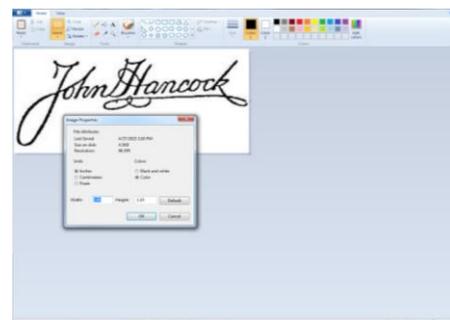
b. Scan or take picture of signature – Send to Email and save on computer



c. Utilizing picture editor, crop saved signature to actual size of signature (see dotted lines around signature below); Save picture.

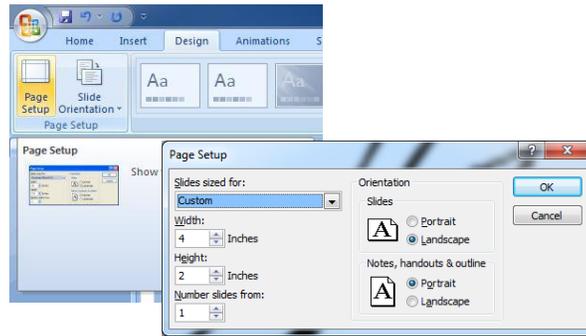


d. Open Image Properties to Determine Picture Size (click on “Inches”); write down/take note of picture size.

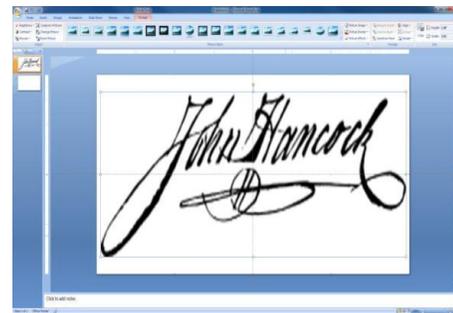


# ENCLOSURE A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687

e. Create a new MS PowerPoint presentation; adjust size to match size of saved signature picture.



f. Import saved picture into MS PowerPoint; resize the page or signature to fit.



d. Save signature as PDF



## STEP 2: Add Handwritten Signature to Digital Signature

a. Open DA Form 1687 (download from apd.army.mil)

| NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES   |       |                              |                        | DATE      |
|--|-------|------------------------------|------------------------|-----------|
| <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>   |       |                              |                        |           |
| ORGANIZATION RECEIVING SUPPLIES  |       | AUTHORIZED REPRESENTATIVE(S) |                        |           |
| LAST NAME-FIRST NAME-MIDDLE INITIAL  |       | LOCATION                     | SIGNATURE AND INITIALS |           |
|  |       | AUTHORITY<br>REG REC         |                        |           |
|  |       |                              |                        |           |
| AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER   |       |                              |                        |           |
| THE UNDERSIGNED HEREBY <input type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE. |       |                              |                        |           |
| THE AUTHORITY TO:  |       |                              |                        |           |
| REMARKS  |       |                              |                        |           |
| I ASSUME FULL RESPONSIBILITY   |       |                              |                        |           |
| UNIT IDENTIFICATION CODE   |       | DODAAC/ACCOUNT NUMBER        |                        |           |
| LAST NAME-FIRST NAME-MIDDLE INITIAL  | GRADE | TELEPHONE NUMBER             | EXPIRATION DATE        | SIGNATURE |
|  |       |                              |                        |           |

# ENCLOSURE A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687

b. Complete all data entry requirements, as required in DA Pam 710-2-1, for Class V operations (*ensure "Expiration Date" does not exceed either 365 days beyond date of form or earliest ETS date of individuals listed*).

c. Click in Signature Block to Digitally Sign DA Form 1687 for respective individual; click OK on the pop-up box.

The screenshot shows the DA Form 1687 with a JavaScript warning dialog box overlaid. The dialog box contains the text: "Warning: JavaScript Window - Electronic Signature Notice. Your digital signature has the same legal effect and consequences as a hand written signature." Below the text is an "OK" button, which is circled in red. The form behind the dialog has several red circles highlighting the signature and initials fields in the "AUTHORIZED REPRESENTATIVE(S)" section.

d. Select "Create New Appearance" from the Appearance drop-down box

The screenshot shows the DA Form 1687 with a "Sign Document" dialog box. The dialog box displays the user's name and ID: "HANCOCK,JOHN JAMES 1134567891". Below this, there is an "Appearance" drop-down menu with "Standard Text" selected. A red circle highlights the "Appearance" menu. The "Sign" button is also visible at the bottom of the dialog.

e. Enter "Title" name (i.e., CW5 John Hancock Dual Signature)

f. Select "Imported Graphic" radio button

g. Click on "File" from "Import Graphic from" selector

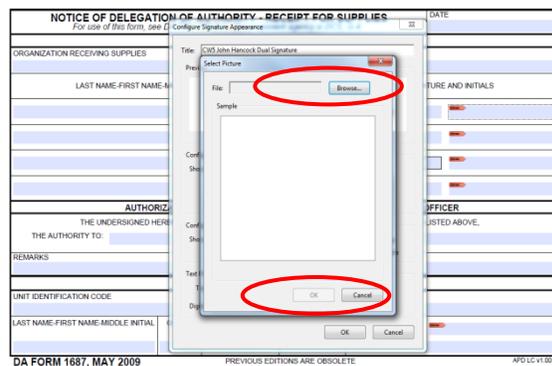
The screenshot shows the DA Form 1687 with a "Configure Signature" dialog box. The dialog box has a "Preview" section showing a sample signature and the text "Digitally signed by your common name name Date: 2015.04.30 11:22:25 -0400". Below the preview, there are radio buttons for "No graphic" and "Imported graphic", with "Imported graphic" selected and circled in red. There is also a "File..." button next to it. The "OK" button is at the bottom.

# ENCLOSURE A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687

h. Select "Browse" for the New Image (will only search for pdf)

i. Locate the file that was created in Step 1.

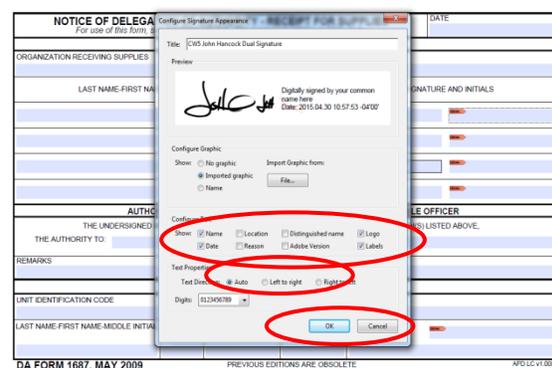
j. Click "OK"



k. Verify only the following boxes are selected: Name, Date, Logo, Label

l. Verify "Text Properties – Left to Right" is highlighted.

m. Click "OK"



n. Digitally signed documents will now display both Digital Signature and Electronic Handwritten Signature.

| NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES  |       |  |                        | DATE        |
|---|-------|--|------------------------|-------------|
| For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.   |       |  |                        | 30 Apr 2015 |
| ORGANIZATION RECEIVING SUPPLIES<br>1234 Army Brigade, Pentagon, Washington DC   |       | LOCATION<br>Ammunition Supply Activity |                        |             |
| LAST NAME-FIRST NAME-MIDDLE INITIAL   |       | AUTHORITY                              | SIGNATURE AND INITIALS |             |
| HANCOCK, JOHN J., DOD ID Expiration 3 Nov 2015  |       | REQ YES<br>REC YES                     | [Signature]            |             |
| ////////// NOT USED //////////  |       |  |                        |             |
| ////////// NOT USED //////////  |       |  |                        |             |
| ////////// NOT USED //////////  |       |  |                        |             |
| <b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>   |       |  |                        |             |
| THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE. |       |  |                        |             |
| THE AUTHORITY TO: Request/receive ammunition items from the supporting ammunition supply activity.  |       |  |                        |             |
| REMARKS<br>The individuals listed above have been screened IAW AR 190-11. All other editions are superseded, except Contractor 01 Apr 15    |       |  |                        |             |
| <b>I ASSUME FULL RESPONSIBILITY</b>   |       |  |                        |             |
| UNIT IDENTIFICATION CODE<br>WABCDE  |       | DODAAC/ACCOUNT NUMBER<br>W12ABC        |                        |             |
| LAST NAME-FIRST NAME-MIDDLE INITIAL   | GRADE | TELEPHONE NUMBER                       | EXPIRATION DATE        | SIGNATURE   |
| BOSS, IAM D.  | COL   | 123-1423                               | 02 Nov 2015            | [Signature] |

o. Do **NOT** use any other method to apply digital signature or electronic hand written signature (i.e., paste picture of signature directly to DA Form 1687) to the DA Form 1687.

ENCLOSURE A, Step-by-Step Procedures for Preparing an Electronic Hand Written Signature on DA Form 1687

- p. Send DA Form 1687 (PDF), [via email](#), to all individuals required to sign the DA Form 1687.
- q. Send completed DA Form 1687 (PDF), [via email](#), to supporting Ammunition Supply Activity. **Do NOT photocopy or scan.**

**THE FOLLOWING IS A PROPERLY COMPLETED DA FORM 1687 FOR CLASS V OPERATIONS**

| <b>NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES</b><br><i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>   |       |                  |  | DATE<br>30 Apr 2015  |  |
|---|-------|------------------|--|--|--|
| <b>AUTHORIZED REPRESENTATIVE(S)</b>   |       |                  |  |  |  |
| ORGANIZATION RECEIVING SUPPLIES<br>1234 Army Brigade, Pentagon, Washington DC CARD 1 of 2   |       |                  | LOCATION<br>Ammunition Supply Activity |  |  |
| LAST NAME-FIRST NAME-MIDDLE INITIAL   |       | AUTHORITY        |  | SIGNATURE AND INITIALS   |  |
|   |       | REQ              | REC                                    |  |  |
| HANCOCK, JOHN J., CW5, DOD ID Expiration 3 Nov 2015   |       | YES              | YES                                    |  <small>Digitally signed by<br/>Date: 2015.04.30 16:12:14 -0400</small>   |  |
| ////////// NOT USED //////////  |       |                  |  |   |  |
| ////////// NOT USED //////////  |       |                  |  |   |  |
| ////////// NOT USED //////////  |       |                  |  |   |  |
| <b>AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER</b>   |       |                  |  |  |  |
| THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE,<br>THE AUTHORITY TO: Request/receive ammunition items from the supporting ammunition supply activity. |       |                  |  |  |  |
| REMARKS<br>The individuals listed above have been screened IAW AR 190-11. All other editions are superseded, except Contractor 01 Apr 15  |       |                  |  |  |  |
| <b>I ASSUME FULL RESPONSIBILITY</b>   |       |                  |  |  |  |
| UNIT IDENTIFICATION CODE<br>WABCDE  |       |                  | DODAAC/ACCOUNT NUMBER<br>W12ABC        |  |  |
| LAST NAME-FIRST NAME-MIDDLE INITIAL   | GRADE | TELEPHONE NUMBER | EXPIRATION DATE                        | SIGNATURE  |  |
| BOSS, IAM D.  | COL   | 123-1423         | 02 Nov 2015                            |  <small>Digitally signed by<br/>Date: 2015.04.30 16:47:22 -0400</small> |  |